

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009842	FILING DATE						
						APPLICANT(S)							
CLAIMS													
CLM.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLM.	•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3			2				53						
4				1			54						
5					1		55						
6						1	56						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL CLM. ID.							TOTAL IND.						
TOTAL CLM. DEP.							TOTAL DEP.						
TOTAL CLM. CLAIMS							TOTAL CLAIMS						